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Bib Data Sheet

CONFIRMATION NO. 4728

<b>SERIAL NUMBER</b> 09/857,396	<b>FILING OR 371(c) DATE</b> 05/31/2001 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 480032-322
<b>APPLICANTS</b> Joseph M. Iglesias, Agoura, CA; Eric E. Johnson, Carlsbad, CA; Tracy E. Grim, Tulsa, OK; William K. Arnold, Longmeadow, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US97/15265 08/29/1997 which is a CIP of 08/705,218 08/29/1996 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 58
<b>INDEPENDENT CLAIMS</b> 17				
<b>ADDRESS</b> Alan C Rose Oppenheimer Wolff & Donnelly 233 Wilshire Blvd Suite 700 Santa Monica ,CA 90401-1207				
<b>TITLE</b> Comfortable orthopaedic support and the method of making the same				
<b>FILING FEE RECEIVED</b> 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US97/15265 08/29/1997 WHICH IS A CIP OF 08/705,218 08/29/1996 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 17
<b>ADDRESS</b> Alan C Rose Oppenheimer Wolff & Donnelly 2029 Century Park East Suite 3800 Los Angeles ,CA 90067				
<b>TITLE</b> Comfortable orthopaedic support and the method of making the same				
<b>FILING FEE RECEIVED</b> 1312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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SERIAL NUMBER:	09 / 857396	RECEIPT DATE:	05 / 31 / 01
IA NUMBER:	PCT/ US97 / 15265	IA FILING DATE:	08 / 29 / 97
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GIVEN NAME:		DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
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CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	ALAN C ROSE		
	OPPENHEIMER WOLFF & DONNELLY		
STREET:	2029 CENTURY PARK EAST SUITE 3800		
CITY:	LOS ANGELES		
STATE/COUNTRY:	CA	ZIP:	90067
EMAIL:			
APPLICATION TITLES:			
	COMFORTABLE ORTHOPAEDIC SYPPORT AND THE METHOD OF MAKING THE SAME		

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